

<b>SCC eFile</b>	<b>2013 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>213550411</b>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>METROPOLITAN DIRECT PROPERTY AND CASUALTY INSURANCE COMPANY</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>CT CORPORATION SYSTEM</b>  <b>4701 COX ROAD, SUITE 285</b>  <b>GLEN ALLEN, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>HENRICO COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>RI</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>10/31/2013</b></p> <p>SCC ID NO: <b>F0383952</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>800</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	800	
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COMMON	800						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: PO BOX 350 700 QUAKER LN</p> <p style="text-align: center;">CITY/ST/ZIP: WARWICK, RI 02887</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: WILLIAM D MOORE  TITLE: PRES/CHRMN OTB  ADDRESS: 700 QUAKER LANE  CITY/ST/ZIP/CO: WARWICK, RI 02886-6681 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 15%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: WILLIAM D MOORE TITLE: PRES/CHRMN OTB ADDRESS: 700 QUAKER LANE CITY/ST/ZIP/CO: WARWICK, RI 02886-6681	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME:	ROBERT F NOSTRAMO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/GENL COUNSEL		
ADDRESS:	700 QUAKER LANE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-6681		
NAME:	VHONDA L RIDLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	700 QUAKER LANE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-6681		
NAME:	INGRID E TOLENTINO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	700 QUAKER LANE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-6681		
NAME:	MICHAEL C WALSH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SENIOR VP		
ADDRESS:	700 QUAKER LANE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-6681		
NAME:	CHRISTEN WHITE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	700 QUAKER LANE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-6681		
NAME:	MARLENE B DEBEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1095 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO:	NEW YORK, NY 10036		
NAME:	MAURA C TRAVERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY/AGC		
ADDRESS:	700 QUAKER LANE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-6681		
NAME:	PAUL E GAVIN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	700 QUAKER LANE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-6681		
NAME:	SCOTT D KUCZMARSKI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	700 QUAKER LANE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-6681		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ WILLIAM D MOORE	WILLIAM D MOORE, PRES/CHRMN	10/29/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	OTB	DATE	
	PRINTED NAME AND CORPORATE TITLE		
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			